



Commonwealth of Kentucky
FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER

STEVEN L. BESHEAR
Governor

LORI H. FLANERY
Secretary

DIVISION OF STATE RISK AND INSURANCE SERVICES
209 St. Clair, 5th Floor
Frankfort, Kentucky 40601
(502) 564-6055
(502) 564-2693 Facsimile

EDGAR C. ROSS
Controller

ALVIN L. PERKINS
Director

To: *All State Agencies & Universities*

From: *State Risk & Insurance Services
Evelyn Smith, Claims Program Manager
T.J. O'nan, Claims Program Coordinator*

Re: *Fire & Tornado Fund Policy Year: 7/1/2014 – 6/30/2015
Property Damage Insurance Claims*

Each State Agency should designate an "Insurance Claim Contact" person who will be responsible for reporting all property damage claims to State Risk & Insurance Division. This person will be the main contact for your employees to notify in case of property damage that appears it may exceed the deductible amounts; then the Claim Contact person will then notify us in Claims.

Please complete the "Insurance Claim Contact" form and return to Evelyn Smith, who will keep an updated list of claim contacts for all State Agencies & Universities.

Attached please find the following:

- *Fire & Tornado Insurance Notice of Loss form*
- *Lightning Loss Verification form*
- *Property Damage Claim Reporting Procedures*

We are a team responsible for providing the best possible claims service; and we can achieve that only with your help in reporting claims in a timely manner and forwarding any/all details about the claim. Always feel free to contact us if you have any questions or comments. Thank you.

Revised
2/01/14

COMMONWEALTH OF KENTUCKY – INSURANCE NOTICE OF LOSS
(FORM MAY BE DUPLICATED; HOWEVER, PLEASE DO NOT ALTER FORM IN ANY WAY)

Instructions: For ALL CLAIMS, complete sections 1, 2, & 3
For Auto Claims – Also complete section 4 & 5
Forward to: State Risk and Insurance Services Division

Certificate # _____
Property ID # _____
Policy # _____

(1) CABINET _____ DEPARTMENT _____

Insured Address: _____ DIVISION _____

Reported By: _____ Date: _____ Phone # _____

(2) Insured Property Loss Type: () Fire & Tornado () Auto (KSAP) () Boiler & Equipment Breakdown

(3) Date of Loss: _____ Time of Day: _____ Probable Amount of Loss: \$ _____

Location of Loss: _____

Description/Cause of Loss: _____

Description of Property Damage: _____

Investigated by: (Police, Fire, etc.) _____ Report # _____

(4) Bodily Injury or Property Damage – use additional sheet(s) as necessary

Name (Claimant/owner) _____ Home Phone # _____

Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone # _____

Witnesses: _____ Phone # _____ Medical Attention? Yes _____ No _____

Description of Injury: _____

(5) Auto Losses Only –use additional sheet(s) as necessary

COKY # _____

Is the vehicle: () Agency owned OR () Leased from Fleet

State Vehicle

Year _____ Make _____ Model _____

VIN _____ Tag # _____

Driver _____

Driver's License (Number & State) _____

Address _____

Phone () _____ Date of Birth _____

Email _____

Passengers _____

Damage to property other than Vehicle _____

Owner's Name _____

Phone () _____

Claimant Vehicle

Year _____ Make _____ Model _____

VIN _____

Vehicle Driver _____

Driver's License (Number & State) _____

Address _____

Phone () _____ Date of Birth _____

Vehicle Owner _____

Address _____

Insurance Company _____

Address _____

Phone () _____ Policy# _____

Passengers _____

INSURANCE CONTACT: _____ DATE: _____ PHONE #: _____

Fire & Tornado Fund Insurance Claims
LIGHTNING DAMAGE VERIFICATION

DATE: _____

To Whom It May Concern:

I inspected/repaired (Item damaged) _____

Model Number _____ Serial Number _____ Year Model _____

Date of Purchase _____ Purchase Price _____ Size _____

Place Purchased _____

Owned by (name of insured) _____

Address _____

Date of Loss _____ Time of Loss _____

Are damaged item(s) available for inspection? _____ If yes, where _____

If it is not available for inspection, why not? _____

This damage was solely due to lightning and no other cause whatsoever because _____

Repairer's Name _____

Company Name _____

Company Address _____

Phone Number _____

Fire & Tornado Fund Policy Property Claims Contact Person

Please complete the following information and return to Evelyn Smith, Claims Program Manager:

- Scan & E-Mail: evelyn.smith@ky.gov
- Fax: 502-564-2693
- Mail to: Finance and Administration Cabinet
Division of State Risk and Insurance Services
209 St. Clair, 5th Floor ~ Frankfort, KY 40601

Date Completed: _____ Completed by: _____

Claims Contact Person: _____

E-mail address: _____ Phone: (____) _____

Street Address: _____ City _____, Zip _____

State Agency/University Name: _____

Insurance Certificate # _____ Certificate for: _____

Cabinet: _____ Department: _____ Division: _____

As one of our insured, you have specific responsibilities explained in the policy paragraph "Duties in the Event of Loss or Damage" and also see the Claim Reporting Procedures:

- *If damages involve vandalism or theft, notify the police immediately.*
- *Complete the Notice of Loss, giving any/all details about the damages and send to: Evelyn Smith, Claims Program Manager ~ Email: evelyn.smith@ky.gov*
- *Take all reasonable steps to protect the Covered Property from further damage; and communicate with your contact at each location to confirm damages and estimate an amount.*
- *If feasible, set the damaged property aside and in the best possible order for examination in future, if deemed necessary. Photos of damages are appreciated.*
- *Your required Procurement Procedures are expected to be followed, unless approved otherwise within your Cabinet.*
- *Cooperate with us in the investigation, assessment and settlement of the claim. If the potential for any claim appears that it may be major or involve various complications, contact Claims Program Manager.*

*Please notify all Division/Department staff
to contact you when there are Property Damages*

Claim Reporting Instructions

Fire & Tornado Fund

July 1, 2014 – June 30, 2015

Your insurance policy deductibles shown below are the agency's responsibility, which will be deducted from the total amount of the settlement. Therefore, insurance begins to pay after the dollar amount of damage exceeds the deductible, which you have agreed to for this Fiscal Year.

<u>Type of Claim</u>	<u>Deductible Amount</u>
Building/Contents	\$ 1,000
Inland Marine (including laptops)	\$ 500
Telephone Systems	\$ 1,000
EDP Computer Equipment	\$ 1,000
Business Income/Extra Expense	\$ 1,000

Also, note that one claim is called "one occurrence" which is subject to only one deductible which will be the highest deductible amount for items involved in this claim.

1. Report all property damages to the "Claims Contact" person for your Agency/University; and that person should immediately complete Sections 1, 2, 3 of the **Notice of Loss** form. Be sure to include the certificate number and property ID. The Claims Contact person must sign and date the Notice of Loss form for it to be processed.
2. **For damage caused by theft, vandalism, or other crime**, a copy of the police report is required.
3. **Scan and email the Notice of Loss form** with any supporting documentation or pictures to the Claims Program Manager as soon as possible.
4. **Provide itemized repair estimates or replacement quotes** for the same model, if available. However, if the same model is no longer available, it must be a quote of "like kind and quality" for damaged items from a reputable vendor of your choice. Invoices and/or receipts must be submitted for final settlement of the claim.
5. **When damages occur to Mobile Equipment, Fine Arts, and Inland Marine** items, those items are required to be scheduled and sent to our Underwriting Unit prior to the date of loss. Due to this change, we are extending submission of these schedules through January 31, 2015; and a copy of the schedule page in effect at the time of loss is required to set up a claim, identifying the damaged item showing the original purchase date and cost.
6. **For damage caused by lightning**, have the repair person or vendor who examined the equipment will need to complete the "Lightning Loss Verification" form and submit that to your "Claims Contact" person..

State Risk Claims Unit will assign a claim number to each new claim, which will be sent to the "Claims Contact" person. This claim number should be referenced on all correspondence and documents to ensure proper matching with the correct claim file.